

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09778747

FILING DATE
2/8/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	L					
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TOTAL IND.	1					
TOTAL DEP.	3	↔	↔	↔		
TOTAL CLAIMS	4					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔			
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						